

Payroll Deduction Authorization

Employee _____ College Phone Ext. _____
 Employee No. _____ College Mail Stop _____

I want to help students at Highline. I'd like to contribute to the following area(s):

Highline's Greatest Need

 (Amount)

Scholarship Support

 (Designate)

Program Support

 (Designate)

Please indicate specific program, department, activity, or student organization.

Student Emergency Assistance Funds

- _____ ABE/ESL
- _____ COVID-19 Student Support
- _____ General Student
- _____ Women's Programs
- _____ Undocumented Student

Endowment Funds

- _____ Exceptional Faculty Award
- _____ General Scholarship
- _____ Marine Science & Technology Center (MaST)
- _____ WPEA Scholarships

Here's how much I'd like to contribute:

I hereby authorize a deduction of \$_____ per month (\$_____ per pay period) or a one-time deduction of \$_____ to be forwarded to the Highline College Foundation beginning with my check dated _____ and continuing until cancelled or superseded in writing by me. Minimum donation is \$10 a month.

Thank you for your generosity.

For your tax records, you will receive a receipt at the end of the year from the Foundation showing your annual deducted contributions. Questions? Call (206) 870-3774 or (206) 592-3705.

I want to stop an existing Payroll Deduction.

Please return to: HC Foundation (MS 99-248) or send to twilliam@highline.edu.

Signature: _____ Date: _____